

# Counselor In Training Program

## Summer 2014



### Our Future Leaders!

#### What will you learn?

Participants will receive training in:

- Applying and Interviewing for Jobs
- Team Building & Leadership
- Customer Service & Professionalism
- Basic First Aid
- Camp Policies & Procedures
- Activity Development
- Supervision & Working with Children

#### How do I register?

All participants who are interested in participating must fill out the Application, and Registration Form completely along with a letter of recommendation. Then return it to the Parks & Recreation office with full payment no later than June 6th.

### Registration Information

<b>PROGRAM:</b>	The Counselor In Training program is a summer career development program that provides instruction, teaching and skill development to work with children in a summer camp setting through job experience. Participants can select from 2 different sessions that meet Monday through Friday for 4 weeks each. <i>*Please Note this program does not guarantee a future full time position.</i>	
<b>AGES:</b>	The program is open to teens ages 14 & 15 who have completed grades 8, 9 or 10 on a first come, first-serve basis. There will be a limit of 20 participants per session. You may register for the full summer for a reduced rate.	
<b>DATES:</b>	<u>Session 1</u> will be held June 23rd—July 18th (No Program 7/4) <u>Session 2</u> will be held July 21st—August 15th <i>*CIT's must be able to attend all 20 days of the session you are registered for in order to participate.</i>	
<b>Time:</b>	Monday through Friday, from 9:00am—4:00pm <i>*Participants must be dropped off and picked up by Parent/Guardian</i>	
<b>Location:</b>	Participants will be assigned to either Kinder Camp, Fun Days Gorman or Fun Days Hockanum.	
<b>Cost:</b>	Session 1 = \$190 (Discount Due to Holiday)      Session 2 = \$200 Full Summer = \$300 <i>*Payment is due in full at time of registration.</i>	

### CONTACT US

**East Hartford Parks & Recreation**

50 Chapman Place

East Hartford, CT 06108

**Phone:** (860)- 291 - 7160

**Fax:** (860)- 282-8239

**Web:** [www.easthartfordct.gov](http://www.easthartfordct.gov)

# Counselor In Training Application 2014

## Instructions

Please take some time to read carefully through all of the below questions and answer them to the best of your ability. Please write legibly and answer the questions completely. Applications that are not legible or incomplete will not be accepted.

1) What are some extracurricular activities you participate in? (ex. Hobbies, Sports, Clubs...)

2) Have you ever attended any camps in East Hartford? If yes, which ones? If No, have you attended any camps?

3) Do you have any prior experience working with children? If yes, please list.

4) Why are you applying for the Counselor In Training (CIT) Program?

5) What are 3 goals you'd like to take away from participating in the Counselor In Training Program?

6) Please write any additional comments you feel our staff should know about you that would be relevant to participating in this program.

I hereby certify the above information is true and an honest reflection of myself.

Participant Name

Participant Signature

Date

Parent or Guardian Name

Parent or Guardian Signature

Date

# Counselor In Training Registration Form

## PARTICIPANT INFORMATION

Participant's **FIRST** Name \_\_\_\_\_ **LAST** Name \_\_\_\_\_ Male / Female

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last Grade Completed \_\_\_\_\_ (must have completed grades 8, 9 or 10 this June)

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Participant's Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Emergency Contact Information: *please provide an additional contact (not residing with you) that we can contact in case a parent/guardian cannot be reached.*

## PICK-UP AUTHORIZATION

I hereby authorize the following person(s) to pick up the above named participant from the CIT Program. If there are any changes in these arrangements, I will give written notice. Parents/Guardians must be included on this release.

1. Parent/Guardian Name(s) \_\_\_\_\_ , \_\_\_\_\_

2. Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

3. Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

4. Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

## REGISTRATION INFORMATION

<b>Sessions Offered</b>	<b>Session 1</b> June 23—July 18 (No Program 7/4) Activity Number: 52340 - 1	<b>Session 2</b> July 21— August 15 Activity Number: 52340- 2	<b>Full Summer</b> June 23—August 15 (No Program 7/4)
<b>Cost</b>	\$190	\$200	\$300
<b>Selection</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*Please note that for Non-Residents who wish to enroll in this program, there is an additional \$10.00 fee per session.

Date: \_\_\_\_\_ Total Fee: \_\_\_\_\_

Please Circle

Site Preference If Possible:

Kinder Camp

Fun Days Gorman

Fun Days Hockanum

## PROGRAM WAIVER, FIELD TRIP TRANSPORTATION AND MEDICAL RELEASE INFORMATION

The Town of East Hartford Parks & Recreation Department Program (as defined below, "Program") involves a variety of physical activities and there is an element of risk involved, which each participant must assume (including injury, disability or death). I affirm that my child's health is adequate and not under a physician's care for any undisclosed condition that bears upon my child's fitness to participate in the Program. The undersigned hereby agrees: 1. I fully assume all risks associated with utilization of and participation in the program, and agree not to sue and hereby release the Town of East Hartford, its agents, servants, employees, volunteers, elected officials, boards and commissions (collectively "The Town"), from all liability should an injury to me or my child occur during participation in the program. 2. I, for myself and for my heirs, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless the Town, from any and all claims, suits or demands by anyone arising from my use of or participation in the program. 3. If I am a parent or guardian signing on behalf of a child or ward, I make these representations and agreements on behalf of my child or ward. 4. I give permission to the Parks & Recreation Department to use any photo and/or video taken during participation for promotional materials. This waiver applies to the KinderCamp, Fun Days, Sunburst and Teen Camp programs.

**FIELD TRIP TRANSPORTATION** I give permission for my child to be taken on field trips, either on foot or in an authorized vehicle, supervised by staff members. Campers who do not have permission to attend field trips are NOT to be brought to camp for those days. There will be no provision for supervision of campers who do not attend the field trip.

\_\_\_\_\_ **YES**, my child will attend Field Trips \_\_\_\_\_ **NO**, my child will not attend Field Trips

Allergies \_\_\_\_\_

Medical Issues/Concerns: \_\_\_\_\_

Does the child have any behavioral issues and if so, what is the best way to address this: \_\_\_\_\_

**MEDICAL RELEASE INFORMATION** I certify by my signature that I have read this document carefully, understand the risks involved with Program participation and wish to continue with participation. **Date of Last Physical** \_\_\_\_/\_\_\_\_/\_\_\_\_

 \_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PHYSICIAN SIGNATURE (required if child HAS NOT had a physical within the last year)** This is to certify that \_\_\_\_\_,

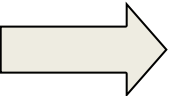
age \_\_\_\_\_, has been examined by me on \_\_\_\_/\_\_\_\_/\_\_\_\_ and is in good health.

## MEDICATION ADMINISTRATION *to be filled out only if child requires medication during camp hours, includes epi pens and inhalers.*

All medications, **both prescription and "over the counter"** (Tylenol, Advil, etc) must be brought in the original prescription container and contain only that days dosage. The prescription container must identify the following; name of the drug, the dosage, how frequently to take it and how to take it. The container must also clearly identify the pharmacy where the prescription was filled and who is the prescribing physician. All medications, both prescription and "over the counter" must be given to the designated medication supervision staff person. Parks & Recreation staff provide reminders and assistance to program attendees who need to medicate. The staff person will record and keep proper documentation. Inhalers should be kept with the participant at all times. Epi-pens will be kept by the staff and readily available. Liquid medications must be in individual packets. Participants who are taking antibiotics should have taken them for a full 24 hours before returning to the program. This is to observe that the participant is not having any adverse reactions to medication or is not contagious. Connecticut State Law and Regulations require a physician's written order, and parent or guardian authorization for Summer Camp Staff to assist participants in self-medications.

Name of Child \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

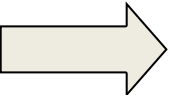
Condition for which drug is being administered \_\_\_\_\_ Name of Drug \_\_\_\_\_

 \_\_\_\_\_  
**Signature of Physician for medication purposes only**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Date**

Parent/Guardian Authorization: I hereby give permission for the above participant to take this medication as prescribed. I understand that all medications must be in their original containers, must be labeled, and have specific directions for use on label. A prescription must include the prescription number, medication name, date filled, child's name, doctor's name, pharmacy and have expiration date noted.

 \_\_\_\_\_  
**Parent/Guardian Signature for medication purposes only**

\_\_\_\_\_  
**Date**